

Michigan Department of Community Health
Board of Social Workers
P.O. Box 30670
Lansing, Michigan 48909
(517) 335-0918
www.michigan.gov/healthlicense

MASTER'S SOCIAL WORKER LICENSE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all the required documentation sent to the Board of Social Workers. Questions regarding your application can be directed to the Michigan Board of Social Workers at (517) 335-0918 three weeks after the date you sent the application. Applications submitted without the applicant's signature, date or fee will be returned. Please allow 4-6 weeks processing time.

INSTRUCTIONS FOR LIMITED MASTER'S SOCIAL WORKER LICENSE – (intended for someone with a master's degree in social work to gain experience under the supervision of a Licensed Master's Social Worker)

Applicants for a Limited Master's Social Worker license must have a master's degree from a program accredited by the Council on Social Work Education and an intent to gain experience under the supervision of a Licensed Master's Social Worker. The limited license is issued on the basis of meeting **only** the educational requirements. Applicants are not required to pass an examination to be issued the limited license.

1. Complete the application and return it to the Board of Social Workers with the appropriate fee. On the application, please indicate your area of intended practice, either macro or clinical.
 - Macro - Community organization; program planning and development; administration of community services or programs; assessment of client needs for macro community programs or services; coordination and/or evaluation of service delivery; advocacy on behalf of persons or groups with unmet needs; social welfare policy; organizational analysis; and, provision of training about community needs and problems.
 - Clinical - Advocating for care; protecting the vulnerable; providing forensic practice functions; increasing social well-being; providing education and resources; providing psychotherapy; providing case management for complex and high-risk cases; serving on clinical programs.
2. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
3. Read all instructions carefully and answer all questions on the application. Provide details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may delay the processing of your application.
4. Submit the *Certification of Social Work Education* form to your accredited educational institution for completion. The *Certification of Social Work Education* form must be sent directly to this office by your educational institution along with final official transcripts. Once the *Certification of Social Work Education* form and final official transcripts are received, your Limited Master's Social Work license will be issued.
5. Applicants for licensure in the clinical area of practice are required to pass the ASWB Clinical Examination prior to obtaining the full Master's Social Worker license. However, applicants may take the examination as soon as the documentation in #1 and #4 above is received. You will be sent a letter that states you are eligible for the exam along with an ASWB Candidate Handbook. More information about the exam is available at www.aswb.org. You may not register for the exam until you receive the eligibility notice from our office. Effective July 1, 2006 applicants for licensure in the macro area of practice will be required to pass the ASWB Advanced Generalist Examination.

6. After you have registered for the exam, you will receive an Authorization Number and instructions about how to schedule your exam. The exams are administered in a computerized format in over 150 test centers across the United States. You must take the examination within one year from the date you receive your Authorization Number.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Social Workers in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Social Workers in writing to request a refund.
3. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be submitted when you submit your license application and preferably prior to that date. The information should be sent to: DCH, Bureau of Health Professions, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***

When you receive your ASWB Candidate Handbook, you must also complete the Application for Disability Accommodations Form that is in the handbook. There is one page for you to complete and one page for your treating health practitioner. Both of these pages must be sent to: DCH, Bureau of Health Professions, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.

THE INITIAL LIMITED MASTER'S SOCIAL WORKER LICENSE IS VALID UNTIL THE NEXT EXPIRATION DATE OF APRIL 30. SUBSEQUENT LIMITED MASTER'S SOCIAL WORK LICENSES ARE VALID FOR ONE YEAR EACH AND CAN BE RENEWED NO MORE THAN 6 TIMES.

INSTRUCTIONS FOR MASTER'S SOCIAL WORKER LICENSE – MACRO OR CLINICAL

Applicants for a Master's Social Worker license must have a Master's degree in social work from a program accredited by the Council on Social Work Education and 2 or more years (4,000 hours) of social work experience under the supervision of a licensed MSW. All experience must be obtained after the completion of all requirements for the MSW degree. Effective September 1, 2005, all experience for licensure purposes may be obtained only when holding a Limited Master's Social Worker license.

1. Complete the application and return it to the Board of Social Workers with the appropriate fee. On the application, please indicate your area of intended practice, either macro or clinical.
 - Macro - Community organization; program planning and development; administration of community services or programs; assessment of client needs for macro community programs or services; coordination and/or evaluation of service delivery; advocacy on behalf of persons or groups with unmet needs; social welfare policy; organizational analysis; and, provision of training about community needs and problems.
 - Clinical - Advocating for care; protecting the vulnerable; providing forensic practice functions; increasing social well-being; providing education and resources; providing psychotherapy; providing case management for complex and high-risk cases; serving on clinical programs.
2. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
3. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may delay the processing of your application.
4. If you do not hold a Limited Master's Social Worker license, submit the *Certificate of Social Work Education* form to your accredited educational institution for completion. The *Certification of Social Work Education* form must be sent directly to this office by your educational institution along with final official transcripts. If you have a Limited Master's Social Worker license, you do not have to re-submit your educational documentation.
5. Submit the Supervisor's Verification of Social Work Experience form to your Licensed Master's Social Worker supervisor for completion. Your supervisor must submit the completed form directly to this office. Your supervisor for each work experience/employment must submit a separate form. Your supervisor should be experienced in the same field in which you are applying, either macro or clinical. If you currently are or have ever been credentialed by the ACSW, you can request verification of that credential directly from NASW as verification of your required work experience. You can contact NASW at (202) 408-8600 or e-mail them at credentialing@naswdc.org.
6. You may apply for the second master's social work designation (either macro or clinical) by checking the "Add Clinical" or "Add Macro" boxes on the application and submitting an additional \$15.00 fee. You must complete an additional 2,000 hours (1 year) of post-degree social work experience in the specialty-designated area with at least 50 hours of supervisory review.
7. If you have ever been registered/licensed in another state, a Verification of Registration/Licensure form must be received in this office directly from the other state(s). Forward the verification form to the licensing agency in each state for completion. The form must be returned directly to this office by the licensing agency.
8. Applicants for licensure in the clinical area of practice are required to pass the ASWB Clinical Examination. Once the documentation in #1 and #4 above are received, you will be sent a letter that states you are eligible for the exam and an ASWB Candidate Handbook. More information about the exam is available at www.aswb.org. You may not register for the exam until you receive the eligibility notice from our office. Effective July 1, 2006 applicants for licensure in the macro area of practice are required to pass the ASWB Advanced Generalist Examination.

9. After you have registered for the exam, you will receive an Authorization Number and instructions about how to schedule your exam. The exams are administered in a computerized format in over 150 test centers across the United States. You must take the examination within one year from the date you receive your Authorization Number.

GENERAL INFORMATION

1. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes please notify the Board of Social Workers in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](http://www.michigan.gov/healthlicense) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Social Workers in writing to request a refund.
3. ***If you require special testing accommodations because of a disability, you must submit a letter indicating the accommodation requested and your disability. You must also submit a letter verifying the disability and the requested accommodation from a licensed health provider capable of making the diagnosis. In addition, please include a letter or other documentation from school personnel verifying the accommodations made during your education. These documents should be submitted when you submit your license application and preferably prior to that date. The information should be sent to: DCH, Bureau of Health Professions, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***

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4. **CONTINUING EDUCATION:** This license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.

INSTRUCTIONS FOR MASTER'S SOCIAL WORK LICENSE BY ENDORSEMENT (must be currently licensed in another state that has equivalent licensing requirements to those in Michigan).

1. Complete the application and return it to the Board of Social Workers with the appropriate fee. On the application, please indicate your area of intended practice, either macro or clinical.
 - Macro - Community organization; program planning and development; administration of community services or programs; assessment of client needs for macro community programs or services; coordination and/or evaluation of service delivery; advocacy on behalf of persons or groups with unmet needs; social welfare policy; organizational analysis; and, provision of training about community needs and problems.
 - Clinical - advocating for care; protecting the vulnerable; providing forensic practice functions; increasing social well-being; providing education and resources; providing psychotherapy; providing case management for complex and high-risk cases; serving on clinical programs.
2. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.

3. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may delay the processing of your application.
4. Submit the *Certification of Social Work Education* form to your accredited educational institution for completion. The completed *Certification of Social Work Education* form must be sent directly to this office by your accredited educational institution along with final official transcripts.
5. Contact ASWB at (800) 225-6880 or on the web at www.aswb.org to provide official copies of your score reports from the exam you took for licensure in another state. Please note that if you are applying for the clinical designation, you must have passed the ASWB Clinical Examination. Effective July 1, 2006, if you are applying for the macro designation you must have passed the ASWB Advanced Generalist Examination.
6. The Michigan Board of Social Work will accept verification of your education and work history from the ASWB Social Work Registry. Information about participating in the registry can be obtained by calling (866) 825-9580 or on the web at www.aswb.org.
7. A Verification of Registration/Licensure form must be received in this office directly from any state(s) where you have ever been registered or licensed. Forward the verification form to the licensing agency in each state for completion. The form must be returned directly to this office by the licensing agency.

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2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Social Workers in writing to request a refund.
3. CONTINUING EDUCATION: This license has a continuing education requirement for renewal. Please check our website at www.michigan.gov/healthlicense for more information on the specific requirements.

INITIAL MASTER'S SOCIAL WORKER LICENSES ARE VALID FOR ONE YEAR OR LESS; SUBSEQUENT RENEWALS ARE FOR A THREE-YEAR PERIOD.

Board of Social Workers

P.O. Box 30670

Lansing, MI 48909

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www.michigan.gov/healthlicense

APPLICATION FOR A MASTER'S SOCIAL WORK LICENSE

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, a license will not be issued.

Type or Print Only**I AM APPLYING FOR THE FOLLOWING:**

- ☐ Limited Master's Social Work License Fee: \$ 40.00 71-6801-03
☐ Clinical ☐ Macro
- ☐ Master's Social Work License by Endorsement Fee: \$ 40.00 71-6801-09
☐ Clinical ☐ Macro
- ☐ Master's Social Work License - Macro Fee: \$ 40.00 71-6801-01
☐ Add Clinical Fee: \$15.00 71-6801-01
- ☐ Master's Social Work License - Clinical Fee: \$ 40.00 71-6801-01
☐ Add Macro Fee: \$15.00 71-6801-01

Your check or money order drawn on a US financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application.
DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Telephone Number
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Registration/License Number and Expiration Date

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 or more in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified?	<input type="checkbox"/> Yes <input type="checkbox"/> No

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Name _____

9. Do you hold or have you held a master's social worker registration or license in any state(s)? ☐ Yes ☐ No
 List each state, the license number, the date issued, and how it was obtained.
DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office. (Attach additional sheets if necessary.)

State	Permanent License Number	Date of Issue	Obtained by (Exam/Endorsement)

EDUCATIONAL RECORD

Provide a chronological record of your educational preparation. Attach additional sheets if necessary.

Name and Address of College	Major Area of Study	Degree	Graduation Date

SOCIAL WORK EXPERIENCE

ALL QUALIFYING EXPERIENCE FOR MASTER'S SOCIAL WORK LICENSE MUST:

1. Be earned only when holding limited license if experience earned in Michigan after July 2005
2. Be under the supervision of a Michigan licensed master's social worker.
3. Have been supervised either as an individual or group, but the supervisor must have reviewed the work of the individual for at least 4 hours per month with at least one hour being on an individual basis.
4. Be earned in the intended area of practice.
5. Be earned at not less than 16 hours per week but no more than 40 hours per week. One year of experience is equivalent to 2,000 hours.

FROM: (Month, Day, Year)	TO: (Month, Day, Year)	EMPLOYER'S NAME AND ADDRESS	POSITION OR TITLE HELD	HOURS PER WEEK	SUPERVISOR'S NAME AND REGISTRATION NUMBER
					68-01-
					68-01-

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant _____	Date _____
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Board of Social Workers

P.O. Box 30670

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www.michigan.gov/healthlicense

**SUPERVISOR'S VERIFICATION OF SOCIAL WORK EXPERIENCE
FOR MASTER'S SOCIAL WORKER**

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, a license will not be issued.

THIS FORM MUST BE SUBMITTED DIRECTLY TO THIS OFFICE BY THE SUPERVISOR(S) WHO IS VERIFYING YOUR SOCIAL WORK EXPERIENCE. IF SUBMITTED BY APPLICANT, IT WILL NOT BE ACCEPTED.

A separate Supervisor's Verification of Social Work Experience form must be submitted for each work experience/employment.

The supervisor must be a Michigan Certified or Master's Social Worker. If social work experience is gained in another state or country, the supervisor must hold a Master's license in social work. If the supervisor does not meet one of these requirements he/she cannot verify work experience unless the Board has granted special permission.

Work experience requirements: At all levels, work experience must be earned following the completion of the educational requirements.

INSTRUCTIONS TO APPLICANT FOR COMPLETING SECTION I:

Complete Section I. Type or print your name exactly as it appears on your application and forward to your supervisor.

A separate form must be used for each work experience/employment.

Please Print Clearly

Applicant's Name (Last, First, MI)		
Social Security Number	Telephone Number	
Street Address		
City	State	Zip Code
Type of License You Are Applying For:		
<input type="checkbox"/> Master's Social Worker - Macro <input type="checkbox"/> Master's Social Worker - Clinical		

Master's Social Worker: 2 years (4,000 hours) of experience in social work after degree granted - requires a Master's degree in Social Work.
Must specify area of intended practice - macro or clinical.

INSTRUCTIONS TO SUPERVISOR:

Type or print the remainder of this form and mail it directly to the Board at the address given above.

Supervisor's Name (Last, First, MI)	
Name of State in which you were licensed at the time you provided supervision to applicant	Registration/License Number
What was your level of Certification or Licensure at the time you provided supervision?	
What was the highest Social Work degree you held at the time of supervision?	
Applicant's Place of Employment (Organization Name)	
Applicant's Place of Employment (Complete Address)	
What was the Applicant's title at the time of supervision?	

Name

Supervisor's Social Work Licensure/Certification/Registration:

License/Certification/Registration held at time of supervision:

License/Certification/Registration number:

Issuing jurisdiction:

Date issued:

Years of post-degree practice experience:

Area of practice:

☐ Macro

☐ Clinical

☐ Both

Other Licensure/Credential if Supervisor is not a Master's Social Worker:

License or credential held at time of supervision:

License or credential number:

Issuing jurisdiction or organization:

Did Board approve your special supervisory situation:

☐ Yes - Date _____

☐ No

Supervision Information:

Name of Agency/Employer at time of Supervision:

Agency Sector (Check only one):

- ☐ Private/Profit
☐ Private/Non-Profit
☐ Government
☐ Other (Specify): _____

Setting (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Nursing Home | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Gov't Social Service Agency | <input type="checkbox"/> In-Home Services |
| <input type="checkbox"/> Employee Assistance Program | <input type="checkbox"/> Court/Criminal Justice System |
| <input type="checkbox"/> Outpatient Facility/Mental Health Clinic | <input type="checkbox"/> Elementary/Secondary School System |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Regional Treatment Center | <input type="checkbox"/> College/University |
| <input type="checkbox"/> Research Setting/Consultant | <input type="checkbox"/> Other Social Service Agency |
| <input type="checkbox"/> Group Home/Resident Facility | <input type="checkbox"/> Other (Specify): _____ |

Supervisor's Title:

Was this supervision completed for the applicant's licensure?

☐ Yes

☐ No

Was this supervision completed in a clinical setting?

☐ Yes

☐ No

Was this supervision completed in a macro setting?

☐ Yes

☐ No

Name

Applicant's Employment and Supervision Information:

Applicant's job title during your supervision:
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Applicant's employer during your supervision:

Date supervision began:	MM	DD	YY		Date supervision ended:	MM	DD	YY	
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Supervision Details:	Hours per week	Total hours
Hours worked (16-40 hours/week)		
Face-to-face client contact		
All forms of supervision (total)		
Face-to-face supervision		
Telephone or teleconference supervision		
Individual supervision		
Group supervision		

Additional description of how supervision was conducted, if needed
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I was present at the applicant's place of work.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If the applicant's work requirement was at a different site, please answer the following:		
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(1) Was there an equivalent supervisor on site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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(2) Was the applicant engaged in private practice?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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I affirm that the content of the supervision has included:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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- | | | |
|--|--|--|
| (1) The transmission of social work knowledge, skills, values and ethics with specific application to the applicant's practice;
(2) The standards of practice and ethical conduct with emphasis given to the social worker's role, appropriate responsibilities, professional boundaries and power dynamics; and
(3) The applicant's permissible scope of practice | | |
|--|--|--|

As a professional licensee overseeing the supervision of this applicant, is this applicant able to practice and/or counsel independently?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Name

Social Work functions performed by applicant (can check boxes in one or both areas, as appropriate):

Macro experience:

- ☐ Advocacy for individuals
- ☐ Advocacy for groups/communities
- ☐ Policy and program development and administration
- ☐ Information and referral
- ☐ Community organizing
- ☐ Coordination/evaluation of service delivery
- ☐ Development of social welfare policy
- ☐ Provision of training regarding community needs and problems
- ☐ Supervision of macro social workers
- ☐ Research
- ☐ Consultation regarding agency practice and policy development
- ☐ Other (specify) _____

Clinical experience:

- ☐ Advocacy for groups/communities
- ☐ Advocacy for individuals
- ☐ Case management for high risk clients
- ☐ Psychotherapy with adults
- ☐ Psychotherapy with children
- ☐ Psychosocial assessment
- ☐ Information and referral
- ☐ Intervention methods using specialized and formal interactions
- ☐ Diagnosis of mental, emotional and substance abuse disorders
- ☐ Child welfare
- ☐ Child or adult custody
- ☐ Child or adult abuse
- ☐ School social work
- ☐ Corrections social work
- ☐ Forensics social work
- ☐ Medical setting social work
- ☐ Supervision
- ☐ Teaching/Education of clients
- ☐ Treatment planning and evaluation
- ☐ Directing clinical programs
- ☐ Consultation regarding clinical issues
- ☐ Consultation regarding agency practice and policy development
- ☐ Other (specify) _____

Supervisor: Please send this form with your original signature to:

Michigan Department of Community Health
Bureau of Health Professions
Board of Social Workers
P.O. Box 30670
Lansing, MI 48909

If you have any questions, please contact this office at 517-335-0918.

Supervisor's Declaration

I declare that the information contained herein is true and correct.

Signature and Title:	Date:
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CERTIFICATION OF SOCIAL WORK EDUCATION

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

INSTRUCTIONS: Complete Section I. Type or print your name exactly as it appears on your application. For completion of Section II, send this form to the Director of your education program or the Registrar of the institution in which you completed your course work or social work degree. **This certification must be submitted directly to the Michigan Board of Social Workers by your educational institution along with a final official transcript.**

SECTION I - APPLICANT INFORMATION

First Name	Middle Name	Last Name
U.S. Social Security Number		Date of Birth
Street Address		
City		
State		ZIP Code
Name and Address of Educational Institution		Degree Awarded (if Applicable)
Date of Admission		Date of Completion
Signature of Applicant		Date

APPLICANT: UPON COMPLETION OF SECTION I, SEND THIS FORM TO YOUR EDUCATIONAL INSTITUTION FOR COMPLETION OF SECTION II ON THE NEXT PAGE.

Name**THIS SIDE TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION**

Please complete the following information. Return this completed certification **along with a copy of the applicant's transcript** directly to the Michigan Board of Social Workers at the address shown on the reverse side of this form.

SECTION II - CERTIFICATION OF EDUCATION FOR SOCIAL WORK

Name of Educational Institution

I certify that _____ attended the
(Applicant's Name)

educational institution named above from _____ to _____ was granted
(Month/Day/Year) (Month/Day/Year)

the following degree and/or completed the course work as checked below:

- ☐ Master's degree in Social Work granted on _____
(Month/Day/Year)
- ☐ Bachelor's degree in Social Work granted on _____
(Month/Day/Year)
- ☐ Associate degree in Social Work granted on _____
(Month/Day/Year)
- ☐ This degree included at least 18 semester or 27 quarter hours of social work courses
- ☐ This degree included a field placement or internship of 350 hours of experience under the supervision of a licensed bachelor's or master's Social Worker.
- ☐ Two years of college education in an accredited college or university with the completion of at least 60 semester or 90 quarter hours.
- ☐ This course work included at least 4 courses relevant to human service needs.

Signature of Program Director

Date

(S E A L)

Print or Type Name of Program

If school has no seal, please indicate

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VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Authority: Public Act 368 of 1978, as amended.

PART I: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion.

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary		
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State. Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Type of License:	Original Issue Date	Expiration Date
Basis for Issuance of License:		
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.) _____		
<input type="checkbox"/> Endorsement - Please indicate name of state _____		
License Status	Has the applicant incurred any formal or informal actions in your State?	
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive	<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.	
Are formal or informal actions pending?	Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?	
<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board